ARPA BENEFICIARY AGREEMENT

by and between Grant County, a Washington po		
Grant County Public Hospital District 1 dba Samaritan Healthcare		***************************************
	EI# F8XSH3TBCJ33 , a Washing	ton State
public hospital district ("Beneficiary").		
WHEREAS, the U.S. Department of the Treas \$18,983,490.00 of federal stimulus funding from the Coronavirus Local Fiscal Recovery Funds a Section 602 (b) and 603(b) of the Social Security Rescue Plan Act ("ARPA Act"), for the limited Treasury and Grant County designated under Factorial and Local identified as Recovery Funds ("Compliance & Reporting Action of the Treasury Action of the Treasury Funds ("Compliance & Reporting Funds ("C	the Coronavirus State Fiscal Recovery Inder CFDA No. 21.027 ("ARPA Funds Act, as amended by Section 9901 of the Act purposes identified in the Agreement betward #SLFRP2169 (Agreement), identifical Recovery Funds Final Rule ("Final and Reporting Guidance for State and Loca Guidelines"), identified as	Fund and s") under American ween the atified as I Rule"), cal Fiscal
WHEREAS, the County desires to allocate portion support of responding to the COVID-19 public health eme		t County

Notable negative economic impacts by the Bene	ficiary include the following:	
Grant County was negatively affected by the COVID-19 pandemic and the		ed updating.
Residents of Grant County who are low-income and persons of color h	ave been impacted especially hard. The current Samaritan H	lospital was
inadequate for the treatment of infectious, communicable diseases because	e there were not adequate negative pressure rooms to allevial	te spread of
disease during the COVID-19 pandemic. Statutory Eligible Use Type is 1. To	respond to the COVID-19 public health emergency or its negative	ve economic
impacts under the Subcategory: Public Health 1. COVID-19 mitigation and pr		
needs, such as adaptations to public buildings to implement COVID-19 m	itigation tactics. Expenditure Category: 1.14 Other Public Hea	Ith Services.
WHEREAS, the County believes the provision of Samaritan facility including negative pressure rooms for the treatment of SLFRF Final Rule FAQ (treasury.gov) question 1.3's answer says, "A recip	patients with communicable diseases and because in the U.S	S. Treasury's

qualifies this project as an eligible use of ARPA		e pandemic.
WHEREAS, the County and Beneficiary desire may advance ARPA Funds via a direct econom sufficient resources to proceed as allowed under	to enter into this Agreement so that the ic support grant to provide the Benefici	

NOW, THEREFORE, in consideration of the foregoing recitals which are incorporated herein by reference, and the terms and conditions set forth below, the parties agree as follows:

- 1. <u>Effective Date and Term.</u> This Agreement shall commence when last executed by all parties and remain in effect until December 31, 2026, unless terminated by the County in writing.
- 2. <u>ARPA Funds</u>. The County agrees to provide to the Beneficiary a total dollar sum not to exceed \$2,000,000.00 on a Reimbursement Payment basis for eligible costs incurred during the period of March 3, 2021, through September 30, 2026 based on eligibility criteria outlined in Attachment D, Scope of Work.
- 3. Reimbursement Request Support. For entities receiving ARPA Funds on a reimbursement basis, to facilitate release of ARPA funding to the Beneficiary, the Beneficiary will submit a detailed invoice in a form specified and approved by the County, no more frequently than monthly and at minimum on a quarterly basis, detailing the eligible expenses incurred by the Beneficiary for which Reimbursement is being requested. Each Reimbursement request submitted by the Beneficiary will include a signed certification by the Beneficiary that such expenses represent eligible expenses incurred by the Beneficiary based on the eligibility criteria outlined in Attachment D and that such expenses have not been nor will be reimbursed under any other government or private entity program. Such schedule may be modified with the prior approval of the County. Failure to provide any of the required documentation may result in termination of the Agreement and in the withholding and/or nonpayment of all remaining funds awarded to the Beneficiary by the County under the Agreement.
- 4. <u>Advance payment Support</u>. For entities receiving ARPA funds as an advance payment, a progress and final report will be required when the funding has been expended. At the discretion of the BOCC, all entities in this category may be required to provide a narrative budget either at the time this agreement is signed or along with the progress and final report.
- 5. <u>Ineligible Uses</u>. Non-allowable uses of ARPA Funds include, without limitation, the following: a) usage of funds to either directly or indirectly offset a reduction in net tax revenue resulting from a change in law, regulation or administrative interpretation during the covered period that reduces any tax or delays the imposition of any tax or tax increase; b) damages covered by insurance; c) usage of funds as a deposit into any pension fund; d) expenses that have been or will be reimbursed under any federal program; e) debt service costs; f) contributions to a "rainy day" fund; g) legal settlements and h) any and all other ineligible uses listed in the Final Rule.
- 6. <u>Termination.</u> The County may terminate this Agreement, for convenience or otherwise and for no consideration or damages, upon prior notice to the Beneficiary.
- 7. <u>Independent Contractor</u>. Each party under the Agreement shall be for all purposes an Independent Contractor. Nothing contained herein will be deemed to create an association, a partnership, a joint venture, or a relationship of principal and agent, or employer and employee between the parties. The Beneficiary shall not be, or be deemed to be, or act or purport to act, as an employee, agent, or representative of the County for any purpose.

- 8. <u>Indemnification</u>. The Beneficiary agrees to defend, indemnify and hold the County, its officers, officials, employees, agents and volunteers harmless from and against any and all claims, injuries, damages, losses or expenses including without limitation personal injury, bodily injury, sickness, disease, or death, or damage to or destruction of property, which are alleged or proven to be caused in whole or in part by an act or omission of the Beneficiary, its officers, directors, employees, and/or agents relating to the Beneficiary's performance or failure to perform under this Agreement. The section shall survive the expiration or termination of this Agreement.
- 9. <u>Compliance with Laws, Guidelines</u>. The Beneficiary shall comply with all federal, state, and local laws and all requirements (including debarment and other required certifications and audits) of Attachments A & B, and Compliance & Reporting Guidelines to the extent applicable, when disbursing ARPA Funds to Beneficiary or when seeking Reimbursement from the County.
- 10. <u>Maintenance and Audit of Records</u>. The Beneficiary shall maintain records, books, documents, and other materials relevant to its performance under this Agreement. These records shall be subject to inspection, review and audit by the County or its designee, the Washington State Auditor's Office and as required by Attachments A & B, and Compliance & Reporting Guidelines for five (5) years after all funds have been expended or returned. If it is determined during the course of the audit that the Beneficiary was reimbursed for unallowable costs under this Agreement, the Beneficiary agrees to promptly reimburse the County for such payments upon request.
- 11. <u>Notices.</u> Any notice desired or required to be given hereunder shall be in writing, and shall be deemed received three (3) days after deposit with the U.S. Postal Service, postage fully prepaid, certified mail, return receipt requested, and addressed to the party to which it is intended at its last known address, or to such other person or address as either party shall designate to the other from time to time in writing forwarded in like manner:

Beneficiary: Organization: Grant County Public Hospital Dist 1 dba Samaritan Healthcare

Contact Name: Theresa Sullivan, CEO

Address: 801 E. Wheeler Road

City/State/Zip Moses Lake, WA 98837

Grant County: Grant County Commissioners
P.O. Box 37
Ephrata, WA 98823

12. <u>Improper Influence.</u> Each party warrants that it did not and will not employ, retain, or contract with any person or entity on a contingent compensation basis for the purpose of seeking, obtaining, maintaining, or extending this Agreement. Each party agrees, warrants, and represents that no gratuity whatsoever has been or will be offered or conferred with a view towards obtaining, maintaining, or extending this Agreement.

- 24. Counterparts. This Agreement may be executed in one or more counterparts, any of which shall be deemed an original but all of which together shall constitute one and the same
- 25. Authorization. Each party signing below warrants to the other party, that they have the full power and authority to execute this Agreement on behalf of the party for whom they sign.

	day of June		
BENEFI PRINTE SIGNAT	D NAME: Theresa S	TION: Grant County Public Hospital District No 1 of Ullivan TITLE: Chief Ex	doa Samaritan Healthcare
DATED this	day of	, 2023.	
		BOARD OF COUNTY COMM GRANT COUNTY, WASHING	
		Rob Jones, Chair	
		Cindy Carter, Vice Chair	
		Danny E Stone, Member	: :
ATTEST:			
	ez, Clerk of the Board	Date	

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Deputy Prosecuting Attorney

ATTACHMENT A

INTERAGENCY AGREEMENT BETWEEN THE U.S. DEPARTMENT OF TREASURY AND GRANT COUNTY

Attachment A to be provided on a separate document

ATTACHMENT B

U.S. DEPARTMENT OF TREASURY CORONAVIRUS STATE AND LOCAL FISCAL RECOVERY FUNDS FINAL RULE EFFECTIVE 4-1-2022

https://home.treasury.gov/system/files/136/SLFRF-Final-Rule.pdf

ATTACHMENT C

U.S. DEPARTMENT OF TREASURY COMPLIANCE AND REPORTING GUIDANCE FOR CORONAVIRUS STATE AND LOCAL FISCAL RECOVERY FUNDS DATED 9-20-22 Version 5.0

https://home.treasury.gov/system/files/136/SLFRF-Compliance-and-Reporting-Guidance.pdf

ATTACHMENT D

SCOPE OF WORK

	e Board of Commissioners is directing to provide the Beneficiary a total dollar amount not to ceed \$2,000,000.00 of ARPA Funds in support of Samaritan Healthcare's plans to install a quality	
	AC system including the creation of negative pressure treatment rooms in their new medical center facility.	
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Ex	penses under this grant must meet the eligibility criteria outlined below:	
1.	Eligible Costs Any costs associated with the capital project of installing a heating, ventilation, and air conditioning system	
	(HVAC) in Samaritan Healthcare's soon to be constructed medical center located in Moses Lake, Washington. This project is	
	an eligible use of ARPA funding under Use Type: 1. To respond to the COVID-19 public health emergency or its negative economic	
	impacts 1. Subcategory: Public Health a. COVID-19 mitigation and prevention – capital investment in public facilities to meet pandemic	
	operational needs, such as adaptations to public buildings to implement COVID-19 mitigation tactics; Medical facilities generally	
	dedicated to COVID-19 treatment and mitigation (e.g., ICUs, emergency rooms); and ventilation system installation and improvement	
2.	Program Funding and Award Amount	
	The County shall make \$2,000,000.00 of ARPA funds available under Attachment A that will be paid to the Beneficiary on a Reimbursement Payment basis.	
	All funds are to be disbursed no later than September 30, 2026.	
3.	. Reporting	
The ARPA funding will be provided via warrant to the Beneficiary upon its submission to County of expenditure details, together with copies of invoices, receipts and other support documentation for each expense for which reimbursement is requested, along with a sincertification by the Beneficiary that such expenses represent eligible expenses incurred be Beneficiary based on the eligibility criteria outlined above and that such expenses have not nor will be reimbursed under any other government or private entity program. The Beneficiary only submit one request for reimbursement per month and at minimum on a quarterly I This will ensure the eligibility of the expenditures consistent with the application requirement or payment.		
	The Beneficiary reporting obligations listed above will not be required if one or both statements below are checked:	
	A narrative budget and plan has been previously submitted by the applicant and approved by the BOCC. A progress and final report from the beneficiary on grant usage is required.	
	This beneficiary is designated as being within an eligible class for grant allocation. A progress and final report from the beneficiary on grant usage is required and the BOCC may require a narrative budget to accompany the progress and final report.	